

Phone: (406) 444-6900

## **Report of Property Presumed Unclaimed**

MONTANA Form 2211 Rev. 12-03

(All information must be legible)

For the period endi	ng(year)				
Report due dates:	Life insurance - May 1st All others - November 1st				
Holder Name		Contact Person_			
Address		Pho	ne Number		
	Street	F	Fed ID#		
City	State	Zip Code			
knowledge and belie	ef, the following is a true and co	mplete report of unclai	ury, that to the best of his/her med property now in possession 70-9-801 through 70-9-829, MCA.		
Signature		Title	Date		
Payment: Amount remitted fo abandoned/unclaim		t has remained unclaiı	med, unpaid and is presumed		
Total from detail sh	neet \$	(remit one	check only)		
-	oository Trust Company (DTC)		rting stock please transfer the ominee name Glory of the		
Mail your report and	d remittance to:				
Montana Departme Unclaimed Property PO Box 5805 Helena, MT 59604	1				

Pag	ie	of	

## Montana Unclaimed Property Detail Sheet

(See instructions)

Column 1	Column 2	Column 3	Column 4	Column 5	Column 6
Owner's Social Security No. or Fed. ID#	List name of owners alphabetically, last name, first name, middle initial	Last known mailing address street, city, state, zip code	NAUPA property type code	Date of last transaction/ date payable	Amount due owner
Aggregate (All items each le	ess than \$50)				

(All items each less than \$50)

Total	Φ			
IOTAL	т.			

<u>Note:</u> A computer printout is acceptable if it provides the required information as requested on this form. If a printout is used, attach it to this form. Any printout or typed print size must be at least a 10-point font.

All items less than \$50 and all items unidentified must be reported in the aggregate.

You may photocopy this page if additional space is needed.